



Kaiser Foundation Hospital – Southern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

ANAHEIM and IRVINE

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Table of Contents

- I. Introduction and Background**
 - A. About Kaiser Permanente
 - B. About Kaiser Permanente Community Health
 - C. Purpose of the Report
- II. Overview of Community Benefit Programs Provided**
 - A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
 - B. Medical Care Services for Vulnerable Populations
 - C. Other Benefits for Vulnerable Populations
 - D. Benefits for the Broader Community
 - E. Health Research, Education, and Training Programs
- III. KFH-Anaheim and Irvine Community Served**
 - A. Kaiser Permanente's Definition of Community Served
 - B. Map and Description of Community Served
 - C. Demographic Profile of the Community Served
- IV. Description of Community Health Needs Addressed by KFH-Anaheim and Irvine**
 - A. Access to Care
 - B. Economic Security
 - C. Mental and Behavioral Health
 - D. Obesity/HEAL/Diabetes
- V. 2018 Year-End Results for KFH-OC-Anaheim and Irvine**
 - A. 2018 Community Benefit Programs Financial Resources Provided by KFH-Anaheim and Irvine
 - B. 2018 Examples of KFH-Anaheim and Irvine Grants and Programs Addressing Selected Health Needs

I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprising Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A – Total Community Benefits Provided in 2018 across California KFH

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$740,302,826
Charity care: Medical Financial Assistance Program ²	\$252,514,999
Grants and donations for medical services ³	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,171,145
Educational Outreach Program	\$977,755
Summer Youth and INROADS programs ⁵	\$3,423,227
Grants and donations for community-based programs ⁶	\$30,937,535
Community Benefit administration and operations ⁷	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community⁸	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community ⁹	\$3,975,643
National board of directors fund	\$742,683
Subtotal	\$12,135,568
Health Research, Education, and Training	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs ¹⁰	\$24,019,233
Grants and donations for the education of health care professionals ¹¹	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED IN 2018	\$1,220,499,099

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁴ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁵ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁶ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ⁹ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B – Community Benefits Provided in 2018 by KFH Service Area

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego (2 Hospitals)	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our healthcare settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research, Department of Research & Evaluation (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-OC-Anaheim and Irvine Community Served

A. Kaiser Permanente's Definition of Community Served

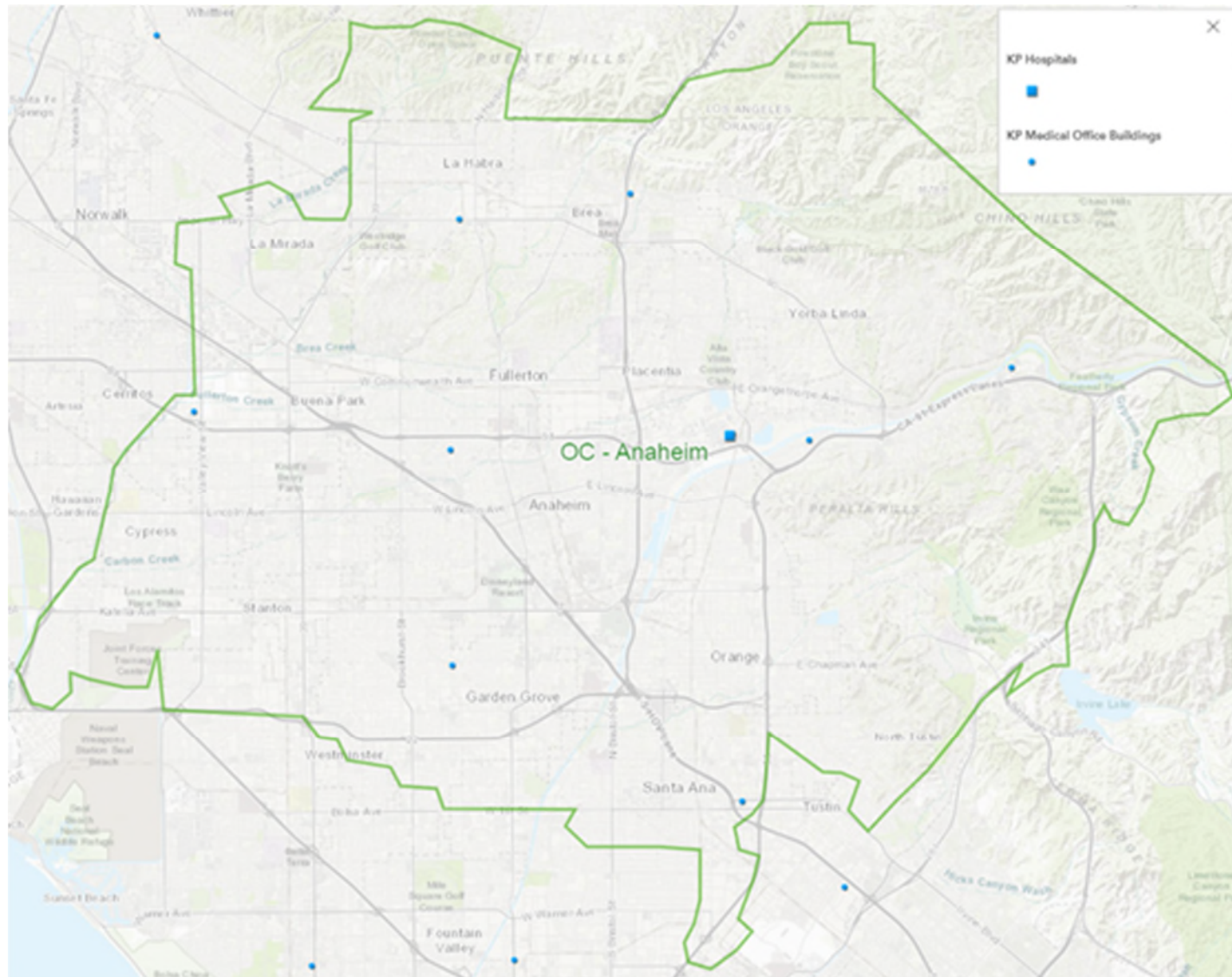
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

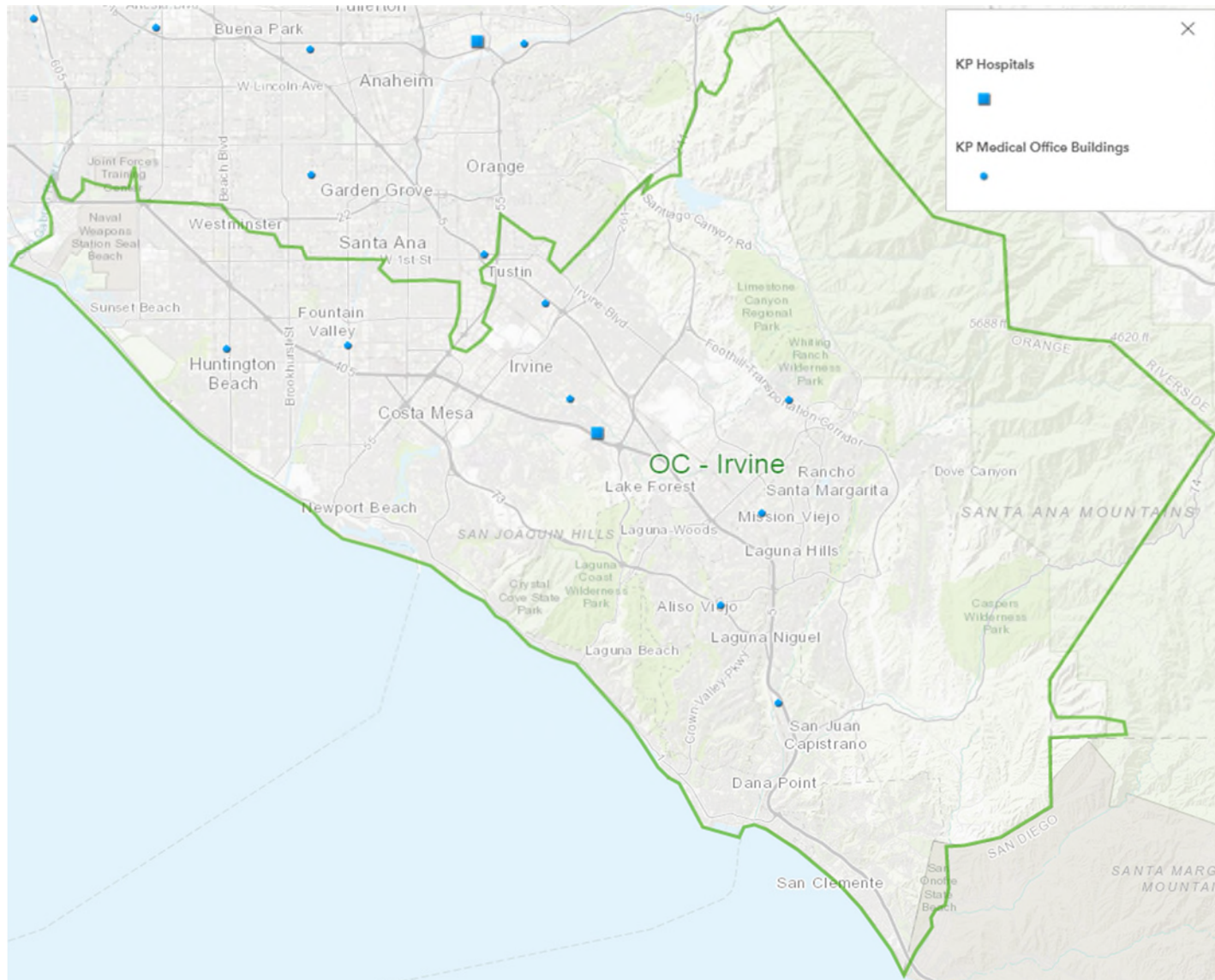
The KFH-Anaheim service area includes Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

The KFH-Irvine service area includes Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

KFH-Anaheim Service Area Map



KFH-Irvine Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Anaheim and KFH-Irvine service areas. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino.

KFH-Anaheim Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,518,877	Living in Poverty (<100% Federal Poverty Level)	14.57%
Asian	19.72%	Children in Poverty	21.42%
Black	1.76%	Unemployment	2.9%
Hispanic/Latino	44.94%	Uninsured Population	14.96%
Native American/Alaska Native	0.22%	Adults with No High School Diploma	20.70%
Pacific Islander/Native Hawaiian	0.29%		
Some Other Race	0.13%		
Multiple Races	2.07%		
White	30.87%		

KFH-Irvine Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,670,518	Living in Poverty (<100% Federal Poverty Level)	10.35%
Asian	18.49%	Children in Poverty	12.09%
Black	1.34%	Unemployment	2.8%
Hispanic/Latino	24.57%	Uninsured Population	9.82%
Native American/Alaska Native	0.19%	Adults with No High School Diploma	10.80%
Pacific Islander/Native Hawaiian	0.27%		
Some Other Race	0.25%		
Multiple Races	3.05%		
White	51.85%		

IV. Description of Community Health Needs Addressed by KFH-OC-Anaheim and Irvine

The following are the health needs that KFH-OC-Anaheim and Irvine is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

KFH-Anaheim Service Area

A. Access to Care

Limited access to health care impacts people's ability to reach their full potential and negatively affects their overall health and quality of life. In the Anaheim MCA, 20.8% of the total civilian, non-institutionalized population lacks health insurance coverage. The percentage of uninsured in the Anaheim MCA is higher than Orange County (17.4%) and California (17.9%). People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the Anaheim MCA is highest among young adults, especially in the Hispanic/Latino population and among immigrants (particularly those who are undocumented). Barriers to health care access in the Anaheim MCA include the financial cost of care, lack of affordable specialty care providers, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the Anaheim MCA, as the area's transportation system leaves much to be desired, and half of the population (53.9%) lives in a geographic area designated as a "Health Professional Shortage Area." Additionally, there are too few providers who accept Medi-Cal, an issue that will be compounded by the influx of newly insured population as a result of implementation of the Affordable Care Act.

B. Economic Security

Poverty is a primary social determinant of health and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe space for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization. In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWorks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the Anaheim MCA, 15.9% of children live in poverty, and 11.28% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/Latino populations, as well as Native American/Alaska Native, and Native Hawaiian/Pacific Islander communities. Within the Anaheim MCA, 22.9% of the population aged 25 and above lacks a high school diploma and 7.0% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

C. Mental and Behavioral Health

Good mental health plays a crucial role in the health and wellbeing of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 8.4 per 100,000 people in the Anaheim MCA; suicide incidence is a major indicator of mental illness. The Anaheim MCA's suicide incidence has seen steady increase. In 2011, 12.4% of the adult population reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves or use of alcohol or drugs. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one's ability to participate in health-promoting and coping behaviors. Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. The County's mental health program serves about 34% of Orange County residents with a serious mental health illness, leaving about two-thirds with private care or no care.

D. Obesity/HEAL/Diabetes

Over half of the adults in the Anaheim MCA, and 41.2% of children, are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age. Lack of life-long healthy eating, active living and weight management skills result in elevated rates of obesity/overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

KFH-Irvine Service Area

A. Access to Care

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access

dental care. Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due existing partnerships and collaborations that can help address this need.

B. Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security. There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is "job rich and housing poor". While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in unstable housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14.

C. Mental and Behavioral Health

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life and can contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,00 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine's collaboration with public health and community health partners to best address this health need.

D. Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both the worsening weight status among children and adults, and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12. From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65 years old, Hispanics/Latinos, African-Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

V. 2018 Year-End Results for KFH-OC-Anaheim and Irvine

A. 2018 Community Benefit Financial Resources Provided by KFH-OC-Anaheim and Irvine

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-OC-Anaheim and Irvine 2018 Year-End Community Benefit Expenditures

	Anaheim 2018 Totals	Irvine 2018 Totals
Medical Care Services for Vulnerable Populations		
Medi-Cal shortfall ¹	\$24,954,159	\$14,199,212
Charity care: Medical Financial Assistance Program ²	\$11,449,110	\$520,039
Grants and donations for medical services ³	\$191,047	\$93,900
Subtotal	\$36,594,316	\$14,813,151
Other Benefits for Vulnerable Populations		
Summer Youth and INROADS programs ⁵	\$34,967	-
Grants and donations for community-based programs ⁶	\$499,424	\$322,637
Community Benefit administration and operations ⁷	\$497,106	\$269,926
Subtotal	\$1,031,497	\$592,563
Benefits for the Broader Community⁸		
Community health education and promotion programs	\$69,847	\$57,001
Kaiser Permanente Educational Theatre	\$336,467	\$225,340
Community Giving Campaign administrative expenses	\$11,475	\$9,365
Grants and donations for the broader community ⁹	\$101,002	\$72,348
National board of directors fund	\$20,729	\$16,917
Subtotal	\$539,520	\$380,971
Health Research, Education, and Training		
Graduate Medical Education	\$3,215,557	\$10,835
Non-MD provider education and training programs ¹⁰	\$499,917	\$370,194
Grants and donations for health research, education, and training ¹¹	\$50,882	\$41,524
Health research	\$593,291	\$484,175
Subtotal	\$4,359,647	\$906,728
Total Community Benefits Provided	\$42,524,980	\$16,693,413

TABLE C ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁶ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ⁹ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. 2018 Examples of KFH-OC-Anaheim and Irvine Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Anaheim Implementation Strategy Report and the KFH-Irvine Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Anaheim and Irvine. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years. The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Anaheim and Irvine service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2018 (Tables B and C). For individual grant examples spanning two years (2017-2018), the cited payment amount represents the total dollars paid over the two-year time period. In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators.
 - In 2018, Educational Theater provided 109 events in 29 schools in the KFH-Anaheim communities, reaching 11,837 youth and 757 adults.
 - In 2018, Educational Theater provided 73 events in 20 schools in the KFH-Irvine communities, reaching 5,940 youth and 343 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	<p>During 2018, Kaiser Permanente paid 9 grants, totaling \$536,667, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$465,000 that address this need.</p> <p>During 2018, Kaiser Permanente paid 6 grants, totaling \$371,667, addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2</p>	<p><u>Providing Affordable Healthcare</u></p> <p>In 2018, KFH-Anaheim provided \$24,954,159 in medical care services to 28,126 Medi-Cal recipients (both health plan members and non-members) and \$11,449,110 in medical financial assistance (MFA) for 11,198 beneficiaries.</p> <p>In 2018, KFH-Irvine provided \$14,199,212 in medical care services to 17,060 Medi-Cal recipients (both health plan members and non-members) and \$520,039 in medical financial assistance (MFA) for 3,086 beneficiaries.</p> <hr/> <p><u>Preserving and Expanding California Coverage Gains~</u></p> <p>Insure the Uninsured Project (ITUP) works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to ITUP to:</p> <ul style="list-style-type: none"> • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees with real-time updates on state and federal health care policy issues, emerging issues, and local collaboration opportunities. • Provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. • Serve as a bridge between health policy and the health care sector to reach 19 million Californians.

Need	Summary of impact	Examples of most impactful efforts
	<p>grants, totaling \$465,000 that address this need.</p>	<p><u>Increasing Breast Health Care Knowledge</u> Susan G Komen, an important stakeholder, strengthens breast health care knowledge at shelters and temporary housing organizations to reach, educate and enable homeless women to have access to clinical breast exams and mammography. Over two years (2017-2018), Kaiser Permanente paid Susan G Komen \$40,400 to:</p> <ul style="list-style-type: none"> • Hold screenings in key community locations close to homeless shelters or community organizations that provide food baskets in key cities. As a result, 66 women received an appointment and 100 women have received effective education at shelters and family resource centers. The outreach for sign ups was done at the shelter but primarily at food pantry locations and family resource centers. • Through efforts at the 8 key locations – 206 women received free clinical breast exams, screening mammograms and where navigate to diagnostic care if needed. These women were below the 200% FPL and were enrolled in Every Woman Counts Program or had Medi-Cal. • 78 breast cancer survivors received financial assistance and mental health services. <p><u>Transforming the Healthcare Delivery Model of OC Community Health Clinics</u> Live Healthy OC is an integrative health initiative among funders, academia, and nonprofits whose goal is to help support the transformation of the healthcare delivery model of Orange County Community Health Clinics from a disease-focused delivery model to a focus on prevention and wellness. Over two years (2017-2018), Kaiser Permanente's public affairs' staff assisted HFPOC to:</p> <ul style="list-style-type: none"> • Share institutional best practices from the medical care and funders perspective • Serve more than 33,000 patients at seven clinics per year, of which 68% are Medi-Cal recipients and 47% of patients are below 100% of the FPL. The prevalent chronic diseases addressed include diabetes, obesity, and hypertension.

Need	Summary of impact	Examples of most impactful efforts
Economic Security	<p>During 2018, Kaiser Permanente paid 6 grants, totaling \$174,000, addressing the priority health need in the KFH-Anaheim service area.</p> <p>During 2018, Kaiser Permanente paid 4 grants, totaling \$129,000, addressing the priority health need in the Irvine service area.</p>	<p><u>Contracting Social Enterprises</u> Social enterprises are competitive, revenue-generating businesses with a clear social mission to hire and provide training to people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises provide a real paying job and often provide wraparound services that help employees build skills and stabilize their lives. Kaiser Permanente supports these businesses by identifying and creating contractual relationships. Over two years (2017-2018), KFH-Anaheim and Irvine contracted with the following social enterprise(s):</p> <ul style="list-style-type: none"> • Monkey Business Café for food catering. • Doing Good Works for promotional materials. <p><u>Increasing Latino Medical School Applicants in California~</u> The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid \$25,000 to LPOC to:</p> <ul style="list-style-type: none"> • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="852 256 1734 289"><u>Raising Awareness of the California Earned Income Tax Credit~</u></p> <p data-bbox="852 290 1999 386">Golden State Opportunity (GSO) leads and supports efforts related to economic security such as job creation, community development, and distribution of benefits. In 2018, Kaiser Permanente paid \$75,000 to GSO to:</p> <ul data-bbox="852 407 1999 613" style="list-style-type: none"> • Support GSO's efforts to expand its innovative California Earned Income Tax Credit (Cal EITC) outreach and education. • Inform 250,000 low-income workers on Cal EITC eligibility and benefits through digital advertising, peer-to-peer text messaging, and grassroots outreach. • Train 25 community partners on smart digital targeting, community messaging, and peer-to-peer text messaging to outreach and engage in the Cal EITC campaign. <hr/> <p data-bbox="852 639 1644 672"><u>Implementing Integrated Solutions to End Homelessness</u></p> <p data-bbox="852 673 1999 802">A community-wide initiative led by Orange County United Way, will work to ensure integrated and sustainable solutions are implemented for people suffering from homelessness in Orange County. Over two years (2017-2018), Kaiser Permanente partnered with OC United Way to:</p> <ul data-bbox="852 823 1999 1057" style="list-style-type: none"> • Provide long-term housing with supportive care to those who need it the most homelessness in Orange County. • Identify locations at which homeless individuals can be permanently housed, while addressing the underlying challenges that led them to live on the streets in the first place. Mark Costa, Kaiser Permanente Orange County senior vice president and area manager is a member of the leadership council for the United to End Homelessness. <hr/> <p data-bbox="852 1083 1304 1115"><u>Building Primary Care Capacity~</u></p> <p data-bbox="852 1117 1999 1245">The California Primary Care Association (CPCA) provides education, training, and advocacy to their member community health centers to best serve their low-income, underserved, and diverse patients. In 2018, Kaiser Permanente paid \$126,666 to CPCA to:</p> <ul data-bbox="852 1266 1999 1404" style="list-style-type: none"> • Hold statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. • Provide 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	<p>During 2018, Kaiser Permanente paid 6 grants, totaling \$249,500, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$140,000 that address this need.</p>	<p><u>Strengthening Mental Health Policies and Practices in Schools~</u> Children Now educates policymakers, school district leaders, and other key stakeholders about best practices and policy solutions to address suspension and expulsion policies that disproportionately impact students of color, improve school climate, and increase students' access to mental health services. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Children Now to:</p> <ul style="list-style-type: none"> • Inform over 200 key legislators and stakeholders. • Support the California Department of Education in the development of the Whole Child Resource Map. • Lead committees for both the State School Attendance Review Board and the Superintendent's Mental Health Policy Workgroup.
	<p>During 2018, Kaiser Permanente paid 4 grants, totaling \$190,000, addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$40,000 that address this need.</p>	<p><u>Improving Services for Human Trafficking Survivors~</u> The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid \$75,000 to CAST to:</p> <ul style="list-style-type: none"> • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
		<p><u>Reducing Mental Health Stigma in Schools*</u> The National Alliance on Mental Illness (NAMI) Orange County reduces mental health stigma and improves resilience in Orange County schools with its Mental Health Education Initiative for OC Schools Project. In 2018, Kaiser Permanente paid \$40,000 to NAMI to:</p> <ul style="list-style-type: none"> • Offer four programs in up to 15 middle/high schools: 1) Mental Health 101 2) NAMI Basics 3) Ending the Silence and 4) NAMI on Campus that focus on prevention, early intervention and stigma reduction for students. • Train new Mental Health 101 facilitators.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Transforming Mental Health and Wellness</u> Be Well Orange County is an initiative that aims to improve mental health service delivery in Orange County. Be Well OC brings together a robust, community-based cross-sector strategy to create a community-wide, coordinated ecosystem to support optimal mental health. Over two years (2017-2018), Kaiser Permanente partnered with Be Well OC to:</p> <ul style="list-style-type: none"> • Collaborate with local stakeholders including, University of California, Irvine; Providence St. Joseph Health; Hoag Hospital; Orange County United Way; NAMI Orange County; Chapman University; Cal State University, Fullerton; Saddleback Church; Roman Catholic Diocese of Orange; Orange County Sheriff; Anaheim Fire and Rescue; CHOC; Memorial Medical Center; Orange County Behavioral Health Services; and others. • Create a transformed mental health and wellness network. Mark Costa, senior vice president and area manager for Kaiser Permanente Orange County, is part of the backbone leadership and has been working to establish community wellness hubs along with the County and other hospital systems. https://bewelloc.org/
Obesity / HEAL/ Diabetes	<p>During 2018, Kaiser Permanente paid 7 grants, totaling \$475,000, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 9 grants, totaling \$1,598,611 that address this need.</p> <p>During 2018, Kaiser Permanente paid 6 grants, totaling \$405,000,</p>	<p><u>Practicing Food Recovery and Redistribution</u> Kaiser Permanente envisions food services not only as the source of nutritious meals for their patients, staff and guests, but as a resource for local communities. Over two years (2017-2018), Kaiser Permanente partnered with Food Finders to recover 15,180 lbs of food and distribute to organizations serving individuals in the KFH-Anaheim and Irvine region who face food insecurity.</p> <p><u>Improving Access to Nutritious Foods~*</u> California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, KP paid \$212,500 to CFPA to:</p> <ul style="list-style-type: none"> • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

Need	Summary of impact	Examples of most impactful efforts
	<p>addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 5 grants, totaling \$836,111 that address this need.</p>	<p><u>Advocating for Maternal, Infant, and Child Health~</u> The California WIC Association (CWA) supports efforts to increase local WIC agencies' capacity, increase state and federal decision makers' understanding of WIC services, and increase the capacity of community health centers to build a breastfeeding continuum of care in low-income communities. Over two years (2017-2018), Kaiser Permanente paid \$100,000 to CWA to:</p> <ul style="list-style-type: none"> • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • Collaborate with health centers to share WIC staff for nutrition and breastfeeding counseling (Watts Health Care and clinics in San Diego). • Work to strengthen ties with CPCA and present at CPCA's annual conference. • Visit all CA legislators with 44 appointments and drop-in visits. • Provide extensive information to legislators on nutrition and breastfeeding counseling, food benefits, local economic impacts to grocers, health outcomes, access to Farmers markets, and updates on immigration threats. • Participate in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state. <p><u>Fighting Food Insecurity~</u> California Association of Food Banks' (CAFB) Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members. In 2018, Kaiser Permanente paid \$95,000 to CAFB to:</p> <ul style="list-style-type: none"> • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11-member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="850 256 1381 289"><u>Building Healthy School Communities</u></p> <p data-bbox="850 289 1974 492">This is a collaborative between Kid Healthy and the Orange County Department of Education (OCDE) and it represents a new method to deliver physical activity tools centered on Mindful Moving. The applications for parents and students on the playground has the ability to make a significant impact on reducing stress, anxiety, and helping students become better prepared to head back to class. Over two years (2017-2018), Kaiser Permanente paid \$80,000 to Kid Healthy to:</p> <ul data-bbox="850 508 1984 881" style="list-style-type: none"> • Support Mindful Movement training will take place on February 26, led by Chris Corliss, Coordinator, Physical Activity & Physical Education, at the Orange County Department of Education (OCDE). At this time 50 (22 school volunteer coordinators (VC's), 22 parent volunteers and 6 KH regional staff) will learn program overview, benefits, and "how to" implement the tools on the playground. • Provide training on Run4Fun activities on October 30th and November 13, also led by Chris and held at OCDE. 47 VC's have been trained or provided a refresher training of Run4Fun activities. 12 kits were distributed to schools who did not receive the kit last year or are new to the program. • 30 schools to implement Run4Fun programming during lunch recess • Teach at 15 parent meetings, reaching an additional 175 trained parents. <p data-bbox="850 906 1495 938"><u>Eliminating Hunger and Reducing Food Waste</u></p> <p data-bbox="850 938 1942 1174">Waste Not OC is a public-private coalition formed with the goal of eliminating hunger and reducing food waste by facilitating the donation of wholesome surplus food from permitted food facilities to local pantries. The overall vision of the coalition is to end hunger in Orange County using a three-step approach: Redirecting unwanted wholesome food to local pantries; Identifying individuals impacted by food insecurity; and, connecting those individuals to sources of food. Over two years (2017-2018), Kaiser Permanente partnered with Waste Not OC to:</p> <ul data-bbox="850 1190 1942 1328" style="list-style-type: none"> • Recover 30.6 million pounds of food, which is equivalent to 25 million meals. • Develop and disseminate a food insecurity flyer available at both medical center locations to direct members and visitors to local food pantries and are asking the food insecurity questions in all our pediatric departments.